



Surplus Property Review

Applicant: _____

IC# / AA# _____

This Requires Your Immediate Attention

The attached map illustrates a proposed sale of operating right of way. Review is to be made by each section indicated below prior to being referred to the Approving Authority. Please try to complete your review within five (5) working days. Questions regarding this review may be directed to:

Name _____		Office _____		Phone _____	
Date	Inventory Control No.	Facilities Control No.	Federal Aid No.		
Project		Sheet No.(s)	Land Area		

Section	Routing Order	Mail Stop	Approval Status	Date	Approving Signature
1	Facilities Office Ron Sisson - 7888	7358	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
2	Fac./Environmental Doug Pierce - 7812	7358	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
3	Public Transportation Paul Gamble	7387	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
4	Environmental Barb Aberle - 7518	7331	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
DISAGN	Hydraulics Matt Witecki - 7259	7329	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
	Roadside Serv. Mark Maurer - 7242	7329	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
	Access Paul Heitzman - 7248	7329	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
	Other		<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
	Approving Authority H. Peterfeso or P. Heitzman - 7251	7329	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
	R/W Plans Jim Wege - 7470	7330	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
6	Real Estate Services Ron Carvalho - 7331	7338	<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		
7			<input type="checkbox"/> Yes <input type="checkbox"/> See Comments <input type="checkbox"/> No		

Comments (Include Date and Name of Commenter)

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